REART B-ISSUE FEE TRANSMITTAL Complete and mail this form, together with an **Box ISSUE FEE** Assistant Commissioner for Pat. MAR 2 9 2001 Washington, D.C. 20231 MAILING INSTRUCTIONS: This form should be used for transmitted the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further strespondence including the Issue Fee

(Depositor's name)

(Signature)

Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

HM22/0112

ROBIN L. TESKIN -CHAW PITTMAN 2300 N. ST. N.W. WASHINTON DC 20097-1128 Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## **Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mall in an envelope addressed to the Box Issue Fee address above on the date indicated below.

					4				(UBB	P)
APPLICATION NO.		FILING DATE	TOTAL CLAIMS		EXAMI	NER AND GRO	OUP ART UNI	T	DAT	E MAILED
	08/888,0	57 07/03/9	97 026	CRO	ЈСН,	D		16	532	01/12/
First Named Applicant	STICE,		35	USC 15	54 (b)	term e	ext. =	0	Days.	·
	CLONING P	IGS USING DO	ONOR NUCLEI	FROM 1	NON-Q	UIESCEI	NT DIF	FEREN	TIATEI	CELL
ATTYS DO	CKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	s	MALL ENTITY	FEE	DUE	DAT	E DUE
1	000270-	012 800	-024.000	A57 (	UTILI	TY '	YES	\$620.	00	04/12/0
Use of PTO for XX Change of or PTO/SB/122) at	n(s) and Customer I ic orrespondence addr ttached.	s or Indication of "Fee Addr Number are recommended, ress (or Change of Correspo e Address" Indication form	, but not required. ondence Address form	(1) the name attorneys or the name of member a r and the nam	es of up to agents Of a single registered up to agents. If n	atent front page 3 registered pa 3, atternatively firm (having a attorney or ag 2 registered pa o name is listed	itent 1_R( , (2) as a jent) 2 itent	obin L.	Teski	<u>n</u>
PLEASE NOTE	E: Unless an assigne signee data is only a seing submitted und	CE DATA TO BE PRINTEL ee is identified below, no as appropiate when an assign er separate cover. Comple	ssignee data will appear ( ment has been previously	on the patent. y submitted to	of Pa	ollowing fees a tents and Trad sue Fee tvance Order -	emarks):			Commissioner
(A) NAME OF ASSIGNEE University of Massachusetts					4b. The following fees or deficiency in these fees should be charged to:					
(B) RESIDENCE: (CITY & STATE OR COUNTRY) Amherst, Massachuse					(ENCLOSÉ AN EXTRA COPY OF THIS FORM)					
Please check the appropriate assignee category indicated below (will not be printed on individual corporation or other private group entity government					☐ Issue Fee (Deficiencies only) ☐ Advance Order - # of Copies					
The COMMISSIO	NER OF PATENTS	AND TRADEMARKS IS TO	quested to apply the Issu	ue Fee to the a	pplication i	dentified above	).			
NOTE: The Issue	Teskin (3 Fee will not be accessignee or other par	as 5,030) epted from anyone other the ty in interest as shown by the	an the applicant; a regist	/29/01 ered attorney and	# 04/ Q1	02/2001 DHF EC:242	BTEM 9000	0038 0339	975 0886 620.00 (	38057 No
depending on the to complete this Office, Washing ADDRESS. SE	e needs of the indi form should be s fon. D.C. 20231. I	m is estimated to take 0.2 ividual case. Any comme ent to the Chief Information NOT SEND FEES OF HIS FORM TO: Box Issued.	ents on the amount of tr ion Officer, Patent and R COMPLETED FORM	me required I Trademark IS TO THIS	]. œ	FU1361	30.00	) CH		-
Under the Pape of information u	rwork Reduction A nless it displays a	ct of 1995, no persons are valid OMB control number	e required to respond to er.	a collection						